



09-21-04

AFW RCE/2857

PTO/SB/30 (09-03)

Approved for use through 07/31/2006. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>Request For Continued Examination (RCE) Transmittal</b>  Address to: MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		<b>Application Number</b> 10/030,402-Conf. #8989
		<b>Filing Date</b> May 2, 2002
		<b>First Named Inventor</b> Sakae Shibusawa
		<b>Art Unit</b> 2857
		<b>Examiner Name</b> Patrick J. Assouad
		<b>Attorney Docket Number</b> 04730/003001

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

<b>1. Submission required under 37 CFR 1.114</b>		Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).	
a. <input type="checkbox"/> Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.			
i. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____			
ii. <input type="checkbox"/> Other _____			
b. <input checked="" type="checkbox"/> Enclosed			
i. <input checked="" type="checkbox"/> Amendment/Reply		iii. <input type="checkbox"/> Information Disclosure Statement (IDS)	
ii. <input type="checkbox"/> Affidavit(s)/Declaration(s)		iv. <input type="checkbox"/> Other _____	
<b>2. Miscellaneous</b>			
a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)			
b. <input type="checkbox"/> Other _____			
<b>3. Fees</b> The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.			
a. <input type="checkbox"/> The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. _____			
i. <input checked="" type="checkbox"/> RCE fee required under 37 CFR 1.17(e)			
ii. <input type="checkbox"/> Extension of time fee (37 CFR 1.136 and 1.17)			
iii. <input type="checkbox"/> Other _____			
b. <input type="checkbox"/> Check in the amount of \$ _____ enclosed			
c. <input checked="" type="checkbox"/> Payment by credit card (Form PTO-2038 enclosed)			

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

Name (Print/Type)	Jonathan P. Osha	Registration No. (Attorney/Agent)	33,986
Signature			Date
			September 20, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV523185195US, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: September 20, 2004

Signature: (Ava R. Brown)

09/22/2004 WABIE1R1 00000033 10030402  
01 FC:2801

385.00 DP



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# FEET TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 385.00)

**Complete if Known**

Application Number	10/030,402-Conf. #8989
Filing Date	May 2, 2002
First Named Inventor	Sakae Shibusawa
Examiner Name	Patrick J. Assouad
Art Unit	2857
Attorney Docket No.	04730/003001

**METHOD OF PAYMENT (check all that apply)**

Check  Credit Card  Money Order  Other  None

**Deposit Account:**

Deposit Account Number 50-0591

Deposit Account Name Osha & May L.L.P.

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments

Charge any additional fee(s) or any underpayment of fee(s)

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65 Surcharge – late filing fee or oath
1052	50	2052	25 Surcharge – late provisional filing fee or cover sheet.
1053	130	1053	130 Non-English specification
1812	2,520	1812	2,520 For filing a request for ex parte reexamination
1804	920*	1804	920* Requesting publication of SIR prior to Examiner action
1805	1,840*	1805	1,840* Requesting publication of SIR after Examiner action
1251	110	2251	55 Extension for reply within first month
1252	420	2252	210 Extension for reply within second month
1253	950	2253	475 Extension for reply within third month
1254	1,480	2254	740 Extension for reply within fourth month
1255	2,010	2255	1,005 Extension for reply within fifth month
1401	330	2401	165 Notice of Appeal
1402	330	2402	165 Filing a brief in support of an appeal
1403	290	2403	145 Request for oral hearing
1451	1,510	1451	1,510 Petition to institute a public use proceeding
1452	110	2452	55 Petition to revive – unavoidable
1453	1,330	2453	665 Petition to revive - unintentional
1501	1,330	2501	665 Utility issue fee (or reissue)
1502	480	2502	240 Design issue fee
1503	640	2503	320 Plant issue fee
1460	130	1460	130 Petitions to the Commissioner
1807	50	1807	50 Processing fee under 37 CFR 1.17(q)
1806	180	1806	180 Submission of Information Disclosure Stmt
8021	40	8021	40 Recording each patent assignment per property (times number of properties)
1809	770	2809	385 Filing a submission after final rejection (37 CFR 1.129(a))
1810	770	2810	385 For each additional invention to be examined (37 CFR 1.129(b))
1801	770	2801	385 Request for Continued Examination (RCE)
1802	900	1802	900 Request for expedited examination of a design application
Other fee (specify)			

**SUBTOTAL (1) (\$ 0.00)**

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Extra Claims	Fee from below	Fee Paid
Total Claims	** =	
Independent Claims	** =	
Multiple Dependent		

\*Reduced by Basic Filing Fee Paid **SUBTOTAL (3) (\$ 385.00)**

\*\*or number previously paid, if greater; For Reissues, see above

**SUBMITTED BY**

(Complete if applicable)

Name (Print/Type)	Jonathan P. Osha	Registration No. (Attorney/Agent)	33,986	Telephone	(713) 228-8600
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Signature		Date	September 20, 2004
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